

Exhibit F

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

GARY B. FREEDMAN, ESQUIRE,
Administrator of the ESTATE OF ABRAHAM
STRIMBER, Deceased
and
BRACHA STRIMBER

v.

STEVEN FISHER, M.D.,
MARGO TURNER, M.D.,
KRISTINA A. MARTINEZ, CRNP,
MANOJ R. MUTTREJA, M.D.,
ABINGTON MEDICAL SPECIALISTS
ASSOCIATION, P.C., D/B/A ABINGTON
MEDICAL SPECIALISTS AND D/B/A AMS
CARDIOLOGY,
ABINGTON EMERGENCY PHYSICIAN
ASSOCIATES AND
ABINGTON MEMORIAL HOSPITAL

No. 2:13-cv-03145-CDJ

**DEFENDANT, ABINGTON MEMORIAL HOSPITAL'S,
SUPPLEMENTAL RESPONSES TO PLAINTIFFS' FIRST
SUPPLEMENTAL REQUEST FOR PRODUCTION OF DOCUMENTS**

1. See attached Chest Pain Protocol orders which were in effect at the relevant time period.



















CHRISTIE, PABARUE & YOUNG,
A Professional Corporation

BY: Heather Tereshko



HEATHER A. TERESHKO, ESQ.
Attorney for Defendants, Margo Turner, M.D., Kristina A.
Martinez, CRNP, and Abington Memorial Hospital













Dated: March 17, 2014

Exhibit G

Name	20. (Protocol) Chest Pain		
Type	Clinical Pathway 		
Alt			
Status	Active 		
Record Started	Sat Nov 06, 2010 00:55 by 0	Record Changed	Tue May 24, 2011 11:20 by Judith M. Mack
		Change	
Laboratory			
02820	Basic Metabolic Panel		02155 Cardiac BNP 
02152	Cardiac Troponin		03400 CBC/Diff/Platelets 
02226	CK w/Reflexive MB		06090 Digoxin Level 
03285	Protime..		
Nursing			
NURETC0565	Blood Pressure - BILATERAL		NURETC0195 Cardiac Monitor 
NURETC0212	Infusor - Insert		ETC00711 O2 Therapy Cannula 
NURETC0268	Pulse Ox Monitor		
Cardiology			
30940*5	EKG 12 Lead - Chest Pain		
General Radiology			
00048*5	Chest - 2 Views (PA-LAT) Chest Pain		38808*8 Chest Portable - Chest Pain 
POC			
NURETC0615	Blood Glucose Monitor POC		

[SVC](#) [CPT](#) [ICD-9](#) [ICD-10](#) [MED](#) [Combo Med](#)

Name	20. (Protocol) Abdominal Pain		
Type	Clinical Pathway 		
Alt			
Status	Active 		
Record Started	Sat Nov 06, 2010 00:55 by 0	Record Changed	Tue May 24, 2011 11:48 by Judith M. Mack
<input type="button" value="Change"/>			

Laboratory			
02150	Amylase		03400 CBC/Diff/Platelets 
02830	Comprehensive Metabolic Pnl		06300 HCG W/Titer 
02455	Lipase		
Nursing			
NURETC0212	Infusor - Insert		
Cardiology			
30940*2	EKG 12 Lead - Pain Abd		
Nutrition			
DIETETC0076	NPO Diet		
POC			
NURETC0615	Blood Glucose Monitor POC		NURETC0622 Pregnancy Urine test POC 
NURETC0620	Urinalysis POC		
Urinalysis			
03785	UA w/culture if indicated.		

[SVC](#) [CPT](#) [ICD-9](#) [ICD-10](#) [MED](#) [Combo Med](#)

Exhibit H

COPY

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

GARY B. FREEDMAN, : NO.
ESQUIRE, Administrator : 2:13-cv-3145-CDJ
of the ESTATE OF :
ABRAHAM STRIMBER, :
deceased :
and :
BRACHA STRIMBER, :
 :
 :
Plaintiffs, :
 :
v. :
 :
STEVEN FISHER, M.D., :
et al., :
 :
 :
Defendants. :

Thursday, April 10, 2014

Oral deposition of STEVEN
FISHER, M.D., taken pursuant to notice,
was held at Abington Hospital, 1200 Old
York Road, Abington, Pennsylvania,
commencing at 9:10 a.m., on the above
date, before Amy M. Murphy, a
Professional Court Reporter and Notary
Public there being present.

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1 Could you state your name
2 for the record?

3 A. Steven Fisher.

4 Q. Again, I'm Leon Aussprung,
5 we met before. I represent the Plaintiff
6 in a lawsuit that's been brought against
7 you, Abington Hospital, and some others.

8 In preparation for today's
9 deposition, did you review any documents?

10 A. I did.

11 Q. What did you review?

12 A. I reviewed different
13 protocols, as well as the chest pain
14 protocol orders, as well as Linda Cohen's
15 article.

16 Q. Same instructions as before.
17 If you don't understand my question for
18 any reason, let me know; all right?

19 A. Yes.

20 Q. To the extent you provide us
21 with answers, we're going to assume you
22 understood my question; okay?

23 A. Yes.

24 Q. I don't think we're going to

1 be here all that long. If you need to
2 take a break, talk to your attorney, just
3 let us know.

4 MR. AUSSPRUNG: Off the
5 record.

6 - - -

7 (Whereupon, a discussion was
8 held off the record.)

9 - - -

10 (Whereupon, Exhibit Fisher-6
11 was marked for identification.)

12 - - -

13 BY MR. AUSSPRUNG:

14 Q. I'm marking as Exhibit-6 a
15 one-page document, which was recently
16 disclosed by Abington Memorial Hospital,
17 which is entitled Chest Pain Clinical
18 Pathway. And I'm told that this is an
19 order set.

20 Is this one of the documents
21 you reviewed, Doctor?

22 A. Yes.

23 Q. What is your understanding
24 as to what is this document?

Page 8

1 A. These are a set of orders
2 that could be exercised if there's a
3 backlog of patients who are physician
4 directed.

5 Q. Were you involved in
6 developing this order set?

7 A. No.

8 Q. Were you involved in
9 approving this order set?

10 A. No.

11 Q. Do you have any knowledge as
12 to how long this order set has been in
13 use here at Abington Memorial Hospital?

14 A. I don't.

15 Q. Is this order set currently
16 in use at Abington Memorial Hospital?

17 A. Infrequently.

18 Q. My question is, but is it
19 something that's active at the hospital?

20 A. I believe so, yes.

21 Q. And do you have any
22 understanding as to whether or not this
23 order set was active during the time
24 period of Mr. Strimber's care?

1 A. I believe so, yes.

2 Q. What is your understanding
3 as to the purpose of the order set?

4 A. It's to initiate care if
5 there's a physician backlog.

6 Q. And who determines if
7 there's a physician backlog and this
8 order set is to be initiated?

9 A. The physician or charge
10 nurse or team leader.

11 Q. Team leader being an RN?

12 A. Correct.

13 Q. What is your understanding
14 as to why the emergency department at
15 Abington Hospital has this order set?

16 A. Again, to initiate care if
17 there's a physician backlog.

18 Q. So, do you have an
19 understanding as to whether this order
20 set represents a standard evaluation for
21 chest pain?

22 MS. TERESHKO: Object to the
23 form.

24 MR. GOEBEL: Object to the

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1 form.

2 MR. CAMHI: Can you just
3 repeat it, please?

4 - - -

5 (Whereupon, the pertinent
6 portion of the record was read.)

7 - - -

8 THE WITNESS: The order set
9 in total does not. These are
10 orders that could be placed if
11 someone were to have chest pain
12 and there was a physician backlog.

13 BY MR. AUSSPRUNG:

14 Q. Is it your understanding
15 that this order set permits, in cases
16 where there's a patient backlog, a nurse
17 to carry out these orders without a
18 specific physician order?

19 A. It does allow the nurse to
20 exercise some of these orders, yes.

21 Q. So in most situations, in
22 order for a nurse to order a laboratory
23 test or a study like an EKG, it requires
24 a physician order; correct?

1 A. Yes.

2 Q. So, this is kind of a
3 pre-approved order set so that if there's
4 a patient backlog, a nurse can go ahead
5 and get these things without a specific
6 order covering just this patient?

7 MR. GOEBEL: Object to the
8 form.

9 MS. TERESHKO: Join.

10 MR. CAMHI: Could you repeat
11 it one more time, please?

12 - - -

13 (Whereupon, the pertinent
14 portion of the record was read.)

15 - - -

16 MR. CAMHI: It was kind of
17 in a statement form. Could you
18 just put it --

19 MR. AUSSPRUNG: Yes. Let me
20 just ask it again.

21 BY MR. AUSSPRUNG:

22 Q. Am I correct that this order
23 set allows a nurse to carry out the
24 orders within this set without a

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1 physician's specific order concerning a
2 particular patient?

3 A. It could, yes.

4 Q. Is it your understanding
5 that when the order set is activated,
6 that the nurse is to obtain all the
7 components of the order set or that the
8 nurse may select and choose the
9 components that he or she feels
10 appropriate?

11 A. The nurse can select the
12 components that he or she feels are
13 relevant.

14 Q. And what do you base that
15 understanding on?

16 A. Common practice.

17 Q. Have you seen this order set
18 utilized by nurses at Abington Memorial
19 Hospital?

20 A. Very infrequently.

21 Q. So, it isn't that -- cause
22 it says at the top it's a clinical
23 pathway; do you see that?

24 A. I do.

1 Q. But it's your understanding
2 that if this clinical pathway is
3 utilized, that only selected tests from
4 the pathway may be ordered?

5 A. Correct.

6 Q. How is a nurse to determine
7 which of these selected tests to order on
8 a given patient with chest pain?

9 A. I don't know that I can
10 answer that. That varies on their, you
11 know, expertise and general gestalt to
12 the patient.

13 Q. Well, if the nurse gets to
14 decide which tests to order, then why do
15 we need order sets at all? Why not just
16 have nurses be allowed to order tests for
17 patients?

18 MS. TERESHKO: Object to the
19 form.

20 MR. CAMHI: Go ahead. We're
21 talking about emergency room care.
22 Go ahead.

23 THE WITNESS: These are
24 ultimately ordered by the

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1 physician, but this is implemented
2 to ensure the patients are
3 receiving timely care.

4 BY MR. AUSSPRUNG:

5 Q. Right. It's used because
6 sometimes when patients present with
7 chest pain, quick intervention can affect
8 outcome; fair?

9 A. It's used so that the workup
10 is in process so that the physician and
11 BA team can be more efficient when they
12 are able to receive the patient.

13 Q. I agree. It's used to
14 ensure that the patient workup is not
15 delayed because the physician happens to
16 be busy with other patient care issues?

17 A. Correct.

18 Q. Do you know how busy you
19 were on the day you took care of Abraham
20 Strimber?

21 A. I don't recollect the
22 entirety of that day, no.

23 Q. Do you know how many
24 patients were in your queue ahead of

1 Abraham Strimber?

2 A. I don't.

3 Q. Why does this order set
4 contain an EKG 12 lead?

5 A. So that an EKG 12 lead can
6 be done.

7 Q. On all patients with chest
8 pain?

9 A. EKGs are done on patients
10 that have other complaints as well.

11 Q. But this order set is only
12 for chest pain patients; right?

13 A. Correct.

14 Q. It's not used for abdominal
15 pain; correct?

16 A. Not --

17 MR. CAMHI: This protocol.

18 THE WITNESS: Not this
19 particular protocol, no.

20 MR. AUSSPRUNG: Off the
21 record.

22 - - -

23 (Whereupon, a discussion was
24 held off the record.)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

- - -
GARY B. FREEDMAN, : NO.
ESQUIRE, Administrator: 2:13-CV-3145-CDJ
of the ESTATE OF :
ABRAHAM STRIMBER, :
deceased, and :
BRACHA STRIMBER :
:
v. :
:
STEVEN FISHER, M.D., :
et al. :
- - -

February 24, 2014
- - -

Oral deposition of STEVEN
FISHER, M.D., taken pursuant to notice,
was held at Abington Memorial Hospital,
1200 Old York Road, Abington,
Pennsylvania 19001, beginning at 9:14
a.m., on the above date, before Holli
Goldman, a Court Reporter and Notary
Public in and for the Commonwealth of
Pennsylvania.

- - -
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1 as to why it was ordered?

2 A. Well, I ordered it, but
3 again, I think it's reasonable to believe
4 that acute coronary syndrome was on the
5 differential.

6 Q. Okay. So one of the reasons
7 it was ordered was to evaluate the
8 patient for potentially a cardiac
9 problem, like acute coronary syndrome?

10 A. Yes.

11 Q. Okay. Who interpreted the
12 EKG?

13 A. I did.

14 Q. During the patient's stay in
15 the emergency department, did any other
16 physician other than yourself interpret
17 the EKG?

18 A. I don't know whether
19 Dr. Turner looked at it or not while she
20 was in the emergency department. I think
21 that would be part of her initial
22 assessment.

23 Q. Okay. You didn't discuss
24 the EKG with her, or did you, or you

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1 recollection of ever discussing the EKG
2 or its results with a cardiologist while
3 the patient was in the emergency
4 department?

5 A. I'm sorry. I got
6 distracted. I apologize.

7 Q. No problem.

8 Do you have any recollection
9 of ever discussing the EKG with a
10 cardiologist prior to the patient leaving
11 the emergency department?

12 A. I did not.

13 Q. Okay. So the interpretation
14 contained within the emergency room
15 record is your interpretation?

16 A. It is.

17 Q. Okay. Well, let's go to
18 that.

19 Am I correct, that that is
20 on the page that is 9 of 12, or page
21 number 27?

22 A. I have it on 10 of 12, or
23 page number 28. I mean, it starts on 27,
24 and then continues.

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1 don't know?

2 A. I don't recall specifically.

3 Q. Do all the EKGs that are
4 done in the emergency department
5 eventually get officially read by a
6 cardiologist?

7 A. They do.

8 Q. Was that official reading
9 sometime after your care of Mr. Strimber
10 concluded?

11 A. Typically, it would be, yes.

12 Q. Do you know if it was in
13 this case?

14 A. I don't. I don't know the
15 timing of its official read by a
16 cardiologist.

17 Q. Do you know if you had any
18 information of an official read of the
19 EKG by a cardiologist -- you learned of
20 an official read prior to Mr. Strimber
21 being discharged from the emergency
22 department?

23 A. No.

24 Q. You don't have any

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1 Q. Oh, I see. Okay.

2 Now, on page 9 of 12, or 27,
3 it starts out with a title that says,
4 "EKG Interpretation," and then it says
5 "12:23 SF," correct?

6 A. Yes.

7 Q. SF is you, Steven Fisher,
8 correct?

9 A. That's correct.

10 Q. And what does 12:23
11 represent?

12 A. Time.

13 Q. The time of what?

14 A. The time of the
15 interpretation being entered.

16 Q. For the EKG interpretation,
17 is that something that you type into the
18 computer?

19 A. Well, yes and no. The "At,"
20 colon, "12:23 p.m." would be put by me.
21 I believe the 12:23 with my initials
22 would be recorded by the PulseCheck
23 system.

24 Q. Right. I'm trying to get

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1 migration --
 2 A. I believe that's an actual
 3 time.
 4 Q. Okay. So around 14:09, you
 5 entered into the computer the patient's
 6 final primary diagnosis, correct?
 7 THE WITNESS: Please forgive
 8 me.
 9 MR. CAMHI: Do you need to
 10 get it?
 11 We can go off if you do.
 12 THE WITNESS: No. I don't
 13 need to get it.
 14 - - -
 15 (Whereupon, a discussion was
 16 held off the record.)
 17 - - -
 18 MR. AUSSPRUNG: I'm going to
 19 ask a fresh question.
 20 MR. CAMHI: New question.
 21 Here we go.
 22 BY MR. AUSSPRUNG:
 23 Q. Am I correct that at
 24 approximately 14:09, you entered into the

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1 medical record your final primary
 2 diagnosis for the patient in the
 3 emergency department?
 4 A. Well, I don't consider chest
 5 pain or epigastric pain to be a
 6 diagnosis.
 7 Q. Who entered the words "chest
 8 pain" there under final primary
 9 diagnosis?
 10 A. I did.
 11 Q. Okay. Why did you enter
 12 chest pain?
 13 A. Well, I think my primary
 14 concern at that point was making sure
 15 that there was an indication for the
 16 patient to get further telemetry.
 17 Q. I thought you told me the
 18 patient never complained to you of chest
 19 pain.
 20 A. He did not.
 21 Q. But you were aware that the
 22 patient had complained to the nurse of
 23 chest pain, correct?
 24 A. Well, the primary nurse

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1 taking care of the patient said that the
 2 patient denies chest pain.
 3 Q. But it's written "chest
 4 pain" in multiple spots on the triage and
 5 nursing assessment, right?
 6 A. The lack of chest pain is
 7 documented on several more important
 8 spots on the chart.
 9 Q. So both chest pain and a
 10 lack of chest pain are documented in the
 11 medical record, correct?
 12 A. Right. I -- correct.
 13 Q. Why?
 14 A. I can't speculate as to, you
 15 know, what someone else heard or was
 16 thinking at the triage window.
 17 Q. Was this patient's
 18 evaluation partly based upon Abington
 19 Memorial Hospital's chest pain protocol?
 20 A. The patient didn't have
 21 chest pain.
 22 Q. But the patient got a
 23 reflexive EKG, correct?
 24 A. So you're surmising that

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1 EKGs are limited solely to people that
 2 have chest pain.
 3 Q. Do you all patients with
 4 abdominal pain in Abington Memorial
 5 emergency department get an EKG?
 6 A. Any patient that's 61 that
 7 has abdominal pain and is sweaty will get
 8 an EKG.
 9 Q. Is that a standing order
 10 that the nurses can do without a
 11 physician intervention?
 12 A. Well, it obviously is,
 13 because it happened. It was the first
 14 thing that happened.
 15 Q. Well, I know it happened,
 16 but that doesn't mean there was an order
 17 for it.
 18 A. Right. But the EKG occurred
 19 prior to my interactions with the
 20 patient.
 21 Q. Does Abington Memorial
 22 Hospital emergency department have
 23 standing orders that nurses can follow
 24 without getting a physician's approval?

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1 A. Yes.

2 Q. Do those standing orders,
3 are they based upon the patient's
4 complaint or complaints?

5 A. I think it could also be
6 based upon, you know, the nurse's
7 experience or gestalt or --

8 Q. Are there standing orders
9 for when a patient can receive an EKG
10 prior to being evaluated by a physician?

11 A. I think there's a standing
12 order that an EKG that, you know, a nurse
13 thinks is necessary would not be
14 declined.

15 Q. So a nurse at Abington
16 Memorial Hospital can order an EKG
17 whenever she feels it's indicated?

18 A. I think that would be
19 reasonable.

20 Q. And that's the policy here
21 at Abington Hospital?

22 A. I can't speak to the exact
23 narrative of policy.

24 Q. Can nurses give orders?

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1 A. Can nurses give orders? No.

2 Q. So how is it that a nurse
3 can order an EKG?

4 A. Well, technically, the nurse
5 didn't order it, but felt that it was
6 indicated in part of the patient's
7 workup.

8 Q. Right.

9 And it can only be ordered
10 by the nurse if it's part of a standing
11 order or protocol that she's following,
12 correct?

13 MR. CAMHI: He just said the
14 nurse did not order it, and you
15 included it in your question that
16 the nurse ordered it.

17 MR. AUSSPRUNG: Oh.

18 MR. CAMHI: So can you
19 rephrase your question?

20 BY MR. AUSSPRUNG:

21 Q. Was this EKG ordered by a
22 physician or was it done pursuant to some
23 standing order or protocol?

24 A. Well, the EKG, if it was

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1 done at triage and I didn't order it, it
2 can -- you know, we want to make sure
3 that patients are having orders that are
4 commensurate with the care that the
5 physician deems appropriate.

6 Q. The EKG that was done at
7 11:40:41 on Mr. Strimber, did you order
8 it?

9 A. I did in retrospect.

10 Q. Okay. It was completed
11 before you ordered it, correct?

12 A. Correct.

13 Q. So was it done by the nurse
14 based upon some protocol or standing
15 order?

16 A. I can't answer that, because
17 I don't know exactly what her gestalt was
18 at that time. I can't tell you that it
19 was to adhere with the chest pain
20 protocol if the patient didn't complain
21 of chest pain.

22 Q. What nurse made the decision
23 to obtain an EKG at 11:40:41, do you
24 know?

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1 A. I don't know if it was Lynne
2 or Lori.

3 Q. Lori is L-O-R-I?
4 Where is her name on this
5 chart?

6 I've seen Lynne at the
7 primary --

8 MR. CAMHI: The last page,
9 there's a legend.

10 MR. AUSSPRUNG: Got it.

11 BY MR. AUSSPRUNG:

12 Q. Lori Ischinger, correct?

13 A. Uh-huh.

14 MR. CAMHI: Yes?

15 THE WITNESS: Yes.

16 BY MR. AUSSPRUNG:

17 Q. Does Lori Ischinger still
18 work at Abington Hospital?

19 A. She does.

20 Q. Okay. So your differential
21 diagnosis for the patient before ordering
22 laboratory work and the CT scan was five
23 items that are listed in the chart here,
24 correct? And then --

Exhibit I

**UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF PENNSYLVANIA**

GARY B. FREEDMAN, ESQUIRE,
Administrator of the ESTATE OF
ABRAHAM STRIMBER, deceased

and

BRACHA STRIMBER

Plaintiffs,

v.

STEVEN FISHER, M.D., *et al.*

Defendants.

)
)
) **UNITED STATES DISTRICT COURT**
) **EASTERN DISTRICT OF**
) **PENNSYLVANIA**

) No.: 2:13-cv-3145-CDJ

)

)

)

)

)

PLAINTIFFS' REQUESTS FOR ADMISSIONS ADDRESSED TO
ABINGTON MEMORIAL HOSPITAL

Pursuant to the Federal Rules of Civil Procedure, specifically F.R.C.P. 36, Plaintiff Gary B. Freedman, Esquire, Administrator of the Estate of Abraham Strimber and Bracha Strimber hereby propounds the following Requests for Admissions to be answered by Abington Memorial Hospital in accordance with the Federal Rules of Civil Procedure.

1. It is admitted that the diagnoses on the Outpatient Coding Summary attached hereto as Exhibit "A" were approved by Robert Watson, M.D. for submission to Abraham Strimber's Primary Insurance for payment.

2. It is admitted that on 2/22/2012 it was the policy of Abington Memorial Hospital that all patients with complaints of chest pain presenting to the Emergency Department receive chest xrays.

3. It is admitted that Abraham Strimber presented to the Abington Memorial Hospital Emergency Department on 2/22/2012 with a complaint of "chest pain."


4. It is admitted that no chest xray was performed on Abraham Strimber at any time on 2/22/2012.

5. It is admitted that the immediate cause of death of Abraham Strimber was a ruptured ascending aortic aneurysm.

Respectfully Submitted,

**LAW OFFICE OF
LEON AUSSPRUNG MD, LLC**

By: _____


Leon Aussprung, Esquire
James Hockenberry, Esquire
One Commerce Square
2005 Market Street, Suite 2300
Philadelphia, PA 19107
(267)-809-8250

Dated: _____

3/28/14

CERTIFICATE OF SERVICE

I, Leon Aussprung, M.D., Esquire, and/or James E. Hockenberry, Esquire, hereby certify that on this 28th day of March, 2014, I caused a true and correct copy of the foregoing Plaintiffs' Requests for Admissions Addressed to Abington Memorial Hospital to be served upon the following persons via electronic mail and First Class mail, postage prepaid:


Donald Camhi, Esquire
Post & Schell, P.C.
1600 John F. Kennedy Blvd.
Philadelphia, PA 19103

James Young, Esquire
Heather Tereshko, Esquire
Christie, Pabarue, Mortensen and Young
1880 John F. Kennedy Boulevard, 10th Floor
Philadelphia, PA 19103

John Shusted, Esquire
German, Gallagher & Murtagh
The Bellevue – Suite 500
200 S. Broad Street
Philadelphia, PA 19102

Respectfully Submitted,

**LAW OFFICE OF
LEON AUSSPRUNG MD, LLC**

By: 
Leon Aussprung, Esquire
James Hockenberry, Esquire
One Commerce Square
2005 Market Street, Suite 2300
Philadelphia, PA 19107
(267)-809-8250

Dated: 3/28/14

**IN THE UNITED STATES DISTRICT COURT
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ABINGTON EMERGENCY PHYSICIAN
ASSOCIATES AND
ABINGTON MEMORIAL HOSPITAL

No. 2:13-cv-03145-CDJ

**DEFENDANT, ABINGTON MEMORIAL HOSPITAL'S RESPONSES TO
PLAINTIFFS' REQUEST FOR ADMISSIONS DATED MARCH 28, 2014**

1. Denied. To the contrary, the diagnoses on the outpatient coding summary attached as Exhibit A do not require physician approval.

2. Denied. To the contrary, Abington Memorial Hospital has no policy which requires that patients with complaints of chest pain who present to the Emergency Department undergo chest x-ray.

3. Denied. By way of further response, although "chest pain" is noted as a chief complaint on the medical records, answering defendant cannot admit that this complaint was made by Mr. Strimber because the same medical records document that Mr. Strimber denied

chest pain when asked by the health care providers who were providing care to him on February 22, 2012.

4. Admitted.

5. Denied. By way of further response, at the time of the submission of these responses, answering defendant cannot admit that the immediate cause of Abraham Strimber's death was a ruptured ascending aortic aneurysm. There was no post-mortem examination of the decedent performed, at the Plaintiffs' request, which would have likely identified Mr. Strimber's immediate cause of death.

CHRISTIE, PABARUE & YOUNG,
A Professional Corporation

BY: _____
HEATHER A. TERESHKO, ESQ.
Attorney for Defendants, Margo Turner, M.D., Kristina A.
Martinez, CRNP, and Abington Memorial Hospital

Dated: _____

Exhibit J



Department Manual: EMERGENCY TRAUMA CENTER		Policy Number: ETC
Title: Myocardial Infarction – Primary Percutaneous Coronary Intervention for Acute ST Segment Elevation/New Left Bundle Branch Block Myocardial Infarction	Category: Patient Care	Original Date: 2/98
Policy Owner: ETC Director	Keywords: MI and PCI	Last Review Date: 5/07
Referenced With: [Type Here]	Review Cycle: Annual	Last Revision Date: 5/09

I. **PURPOSE:** To provide guidelines for the identification, evaluation, and management of patients who present with chest discomfort or symptoms suggestive of ischemic coronary artery disease (CAD) and are found to have acute ST segment elevation or new left bundle branch block (LBBB) consistent with acute myocardial infarction (AMI).

II. **PROCEDURE:**

A. All patients presenting to the Emergency Trauma Center with chest pain or other symptoms suggestive of acute cardiac ischemia will undergo a prompt evaluation. This evaluation will include the following:

1. A twelve lead electrocardiogram (ECG) will be performed as soon as possible after arrival
2. The nurse or clinical associate who performs the test will present the ECG directly to the responsible emergency physician for interpretation
3. If the emergency physician interprets the ECG as demonstrating an acute ST elevation/new LBBB myocardial infarction, he/she will notify the Interventional Cardiologist (IC) immediately
4. The ETC physician will perform a targeted history and physical to determine:
 - if an AMI is likely
 - if the patient has any contra-indications to PCI
 - whether the patient has a current cardiologist
5. After this evaluation, the ETC physician will then activate a Percutaneous Coronary Intervention (PCI) Alert and notify the patient's primary nurse immediately
6. If the ETC physician is uncertain if the patient is a candidate for PCI, he/she will discuss the management with the IC prior to activating a PCI Alert

B. Activation of PCI Alert

1. The ETC physician will notify the primary ETC nurse and the ETC Administrative Associate (AA)
2. The ETC AA will contact the IC as follows:
 - Abington Medical Specialists – Cardiology (AMS Cardiology)
 - 8:00 am – 5:00 pm (M - F except holidays) contact the office at x4075

- All other times and when there is no response at x4075, call the IC on call by contacting the AMS Cardiology answering service.
 - Pennsylvania Heart and Vascular (PHV)
 - 8:00 am – 5:00 pm (M - F except holidays) and weekday nights, page Dr. Frechie. If no rapid response, AMS Cardiology should be contacted as above.
3. The ETC AA will activate a PCI Alert.
- During normal catheterization laboratory working hours (M – F except holidays, 7:00 am – 5:00 pm) the AA will call 2437 to activate a PCI Alert
 - All other times, the AA will contact the hospital operator at 777 to activate a PCI Alert
4. The hospital operator will contact the members of the PCI Alert team after hours
- Calls will be placed to:
 - Catheterization laboratory on-call team
 - CCU nurse manager (x2140)
 - Hospital Nursing Coordinator (x7103)
 - Bed Coordinator (x7980)
 - If no response by the catheterization team, the operator will contact the catheterization laboratory to determine if the team is already present

C. Roles/Responsibilities

1. Interventional Cardiologist
- Will immediately respond to ETC to discuss patient with ETC physician
 - During off hours, if the IC is aware that the catheterization team is in the hospital, he should inform the catheterization laboratory to prepare
 - Facilitate rapid movement of the patient to the catheterization laboratory
2. ETC Physician
- Interpret all ECG's as soon as possible after patient arrival
 - Perform rapid assessment to determine if Primary PCI is indicated
 - Initiate PCI Alert as above
 - Initiate medical management/stabilization of patient
 - Document interventions in the clinical record
3. ETC Primary Nurse
- Ensure that ECG is performed and presented to the ETC physician as soon as possible after patient arrival
 - Activate PCI Alert packet
 - PCI Alert Tool
 - Consent Form
 - R2 pads
 - Initiate medical management/stabilization in a timely manner. This may include:
 - Administration of aspirin
 - Administration of beta-blocker
 - Administration of heparin
 - Prepare the patient for transfer to the catheterization laboratory with assistance from a secondary ETC nurse and/or CCU nurse:
 - Apply R2 pads if available
 - Bifurcate intravenous lines

- Prepare inguinal area for procedure with use of clippers
 - Place patient on transport monitor
 - Document times of each communication point on the PCI Alert Tool which will be used for performance assessment purposes only and not part of the permanent record
 - Complete documentation of all interventions on the clinical record
 - Assist catheterization team in the laboratory with patient preparation and treatment
4. CCU Nurse
- Respond immediately to PCI Alert with appropriate equipment
 - Assist ETC nurse in stabilization and transport of patient to the catheterization laboratory
 - Assist catheterization team in the laboratory with patient preparation and treatment
5. Catheterization Laboratory Team
- Immediately prepare room during weekday working hours
 - Respond to PCI Alert immediately and report to catheterization laboratory as soon as possible during on-call hours
 - Contact ETC Primary nurse when first catheterization team member arrives to facilitate patient movement to the laboratory
6. Nursing Coordinator
- Respond to PCI Alert immediately
 - Open catheterization laboratory and prepare room for incoming catheterization team members during on-call hours
 - Assist catheterization team, ETC nurse, and CCU nurse in the care of the patient until the full catheterization team arrives
7. Hospital Operator
- Immediately call PCI Alert as above
 - Contact the ETC AA to inform them that the catheterization laboratory on-call team, nursing coordinator, and CCU have been notified
8. ETC AA
- Assist ETC physician with the initiation of the PCI Alert and contacting the IC
 - Inform ETC physician and primary nurse that the team has responded
 - Direct the IC to the ETC physician
 - Document times of all calls/pages and response times in ED Pulsecheck and communicate this information to the primary nurse for documentation on the PCI Alert Tool
 - Confirm bed assignment with the bed coordinator/nursing supervisor
 - Contact appropriate resident
9. Bed Coordinator
- Assign an intensive care unit bed for the patient as soon as possible
 - Communicate this bed assignment to the ETC AA and the catheterization team

PP099.02
Written 2/98

Reviewed March 1999, February 2000

Revised March 2002

Myocardial Infarction.04

Revised 4/04, 11/04

Revised 5/07

Revised 5/09

Exhibit K

Bracha Strimber

Page 1

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

- - -

GARY B. FREEDMAN, ESQUIRE :
Administrator of the ESTATE: :
OF ABRAHAM STRIMBER, :
Deceased and BRACHA :
STRIMBER :
 :
 :
v. :
 :
STEVEN FISHER, M.D., et al.:NO. 13-03145

- - -

FEBRUARY 17, 2014

- - -

Oral deposition of BRACHA
STRIMBER, taken pursuant to notice, was
held at the LAW OFFICE OF LEON AUSSPRUNG
M.D., LLC, One Commerce Square, 2005
Market Street, Suite 2300, Philadelphia,
Pennsylvania, commencing at 2:30 p.m., on
the above date, before LISA MARIE
CAPALDO, RPR, a Registered Professional
Reporter and Notary Public in and for the
Commonwealth of Pennsylvania.

GOLKOW TECHNOLOGIES, INC.
877.370.3377 ph|917.591.5672 fax
deps@golkow.com

Bracha Strimber

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<p>1 twice. I don't know the timespan. 2 Q. How did he do it the first 3 time? 4 A. I don't know which came 5 first or second, whether it was the 6 baseball one or the other one where he 7 slipped on the grass and he broke it. 8 He slipped on the grass in 9 front of our house, and I don't remember 10 which was first and which was second. I 11 just know it was the same leg. I'm 12 guessing. 13 Q. Do you believe for both of 14 those broken bone events he went to 15 Abington's ER? 16 A. I'm not certain. I believe 17 so, but I'm not certain. 18 Q. Did you go with him to those 19 ER visits? 20 A. Of course, yes. 21 Q. How many other ER visits did 22 he have before February of 2012 at 23 Abington? 24 A. I don't know.</p>	<p>1 there? 2 A. We got out of the car and 3 walked in together. Instead of waiting 4 in line to be checked in, he pushed right 5 through the doors and went to the back 6 himself, which he never would have done. 7 That frightened me. I knew something was 8 very wrong. 9 Q. When you walk in through 10 those doors, there's a desk where people 11 sit behind and ask questions. 12 A. That's where I went, but he 13 walked through the doors. 14 Q. When you first walked in, 15 are you saying you went to that desk with 16 the glass wall and spoke to the lady 17 sitting behind the desk and he walked in 18 through the doors? 19 A. I don't remember if I spoke 20 to anyone. I remember him walking 21 through the doors. 22 Q. What time did you get there? 23 A. I don't know. 24 Q. Did you also walk through</p>
Page 47	Page 49
<p>1 Q. Do you know if there were 2 any? 3 A. I don't know. 4 Q. What did he say, if 5 anything, in the car on the way over to 6 the hospital? 7 A. He was strangely silent. 8 Q. Were his eyes open or 9 closed? 10 A. Open. 11 Q. Was he talking at all? 12 A. No. 13 Q. Any moaning or groaning? 14 A. No, he was silent, strangely 15 silent. 16 Q. Had you considered calling 17 an ambulance before you put him in the 18 car? 19 A. No, an ambulance would take 20 you to the closest hospital. 21 Q. Did you drive directly to 22 the emergency department at Abington? 23 A. Yes. 24 Q. What happened when you got</p>	<p>1 those doors at some point? 2 A. At some point I did, when I 3 was asked to walk through. 4 Q. Do you remember any of the 5 names of the nurses that cared for him 6 that day? 7 A. No. 8 Q. Do you remember the names of 9 any of the doctors that saw him in the 10 emergency department? 11 A. Yes. 12 Q. What name do you remember? 13 A. I remember a Dr. Fisher and 14 I remember an admitting doctor, a Dr. 15 Turner. 16 Q. Had you ever met Dr. Fisher 17 before? 18 A. Not to my knowledge. 19 Q. Do you know if your husband 20 ever met Dr. Fisher before? 21 A. I don't know. 22 Q. Are you able to estimate how 23 long it was after you arrived at the 24 emergency room that Dr. Fisher first saw</p>

13 (Pages 46 to 49)

Bracha Strimber

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<p>1 your husband?</p> <p>2 A. No.</p> <p>3 Q. Was it more or less than an</p> <p>4 hour?</p> <p>5 A. I don't know.</p> <p>6 Q. Were you present when the</p> <p>7 nurse asked your husband what was</p> <p>8 bothering him?</p> <p>9 A. Yes.</p> <p>10 Q. What was his answer?</p> <p>11 A. He was very nauseous. He</p> <p>12 had terrible back pain. He kept talking</p> <p>13 about this metallic taste rising to his</p> <p>14 mouth, shoulder and neck pain. His arm</p> <p>15 was bothering him. He kept vomiting, all</p> <p>16 the time.</p> <p>17 Q. In the emergency room?</p> <p>18 A. Projectile vomiting.</p> <p>19 Q. Which arm was bothering him?</p> <p>20 A. I don't know. He had so</p> <p>21 much back pain, there was no position</p> <p>22 where he could get comfortable.</p> <p>23 Q. Do you know if the back pain</p> <p>24 was high, mid or low back?</p>	<p>1 his friends.</p> <p>2 Q. How many separate times was</p> <p>3 that?</p> <p>4 A. I don't know the count.</p> <p>5 Q. Any other times other than</p> <p>6 to call friends?</p> <p>7 A. I went to the bathroom,</p> <p>8 nothing prolonged.</p> <p>9 Q. Do you know if he was taken</p> <p>10 to any place for any kind of testing and</p> <p>11 then returned back to the emergency</p> <p>12 department?</p> <p>13 A. The CAT scan of his abdomen.</p> <p>14 Q. How did you learn that he</p> <p>15 was going to have a CAT scan of the</p> <p>16 abdomen?</p> <p>17 A. I don't remember which</p> <p>18 physician, but one of them told me they</p> <p>19 were going to do that.</p> <p>20 Q. Did whoever that physician</p> <p>21 was tell you why they were going to do a</p> <p>22 CAT scan of the abdomen?</p> <p>23 A. Because of his abdominal</p> <p>24 pain.</p>
Page 51	Page 53
<p>1 A. I don't know.</p> <p>2 Q. I asked you, what did he</p> <p>3 tell the nurse when she asked him what</p> <p>4 was bothering him and you told me that,</p> <p>5 right?</p> <p>6 A. Right.</p> <p>7 Q. At some point, were you</p> <p>8 present when Dr. Fisher asked the same</p> <p>9 question, what's going on?</p> <p>10 A. I was present, but I don't</p> <p>11 remember Dr. Fisher asking too many</p> <p>12 questions. All of the talking was done</p> <p>13 and all of the decision-making seemed to</p> <p>14 be done by Dr. Turner. And Dr. Fisher</p> <p>15 mostly stood on the side.</p> <p>16 Q. Was there ever a moment that</p> <p>17 your husband was in the emergency</p> <p>18 department, before he got admitted</p> <p>19 upstairs, was there ever a moment where</p> <p>20 you were not with him?</p> <p>21 A. Yes.</p> <p>22 Q. When?</p> <p>23 A. There were a few moments</p> <p>24 when I went out into the hallway to call</p>	<p>1 Q. Do you remember a physician</p> <p>2 touching your husband's abdomen and him</p> <p>3 complaining about pain from that</p> <p>4 touching?</p> <p>5 A. I'm not certain.</p> <p>6 Q. What is your knowledge of</p> <p>7 your husband being allergic to</p> <p>8 intervenous dye or contrast?</p> <p>9 A. I do know he was allergic to</p> <p>10 that.</p> <p>11 Q. How do you know that?</p> <p>12 A. I believe it was when he was</p> <p>13 at Temple Hospital and he had a procedure</p> <p>14 done that they discovered that.</p> <p>15 Q. Do you remember what his</p> <p>16 reaction to that was?</p> <p>17 A. No. I wasn't present in the</p> <p>18 room.</p> <p>19 Q. Did you or your husband</p> <p>20 bring that allergy to someone's</p> <p>21 attention?</p> <p>22 A. Absolutely, every time we</p> <p>23 went.</p> <p>24 Q. Was there a discussion about</p>

Exhibit L

COPY

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

GARY B. FREEDMAN, : NO.
ESQUIRE, Administrator : 2:13-cv-3145-CDJ
of the ESTATE OF :
ABRAHAM STRIMBER, :
deceased :
and :
BRACHA STRIMBER, :

Plaintiffs, :

v. :

STEVEN FISHER, M.D., :
et al., :

Defendants. :

Thursday, April 10, 2014

Oral deposition of LORI
ISCHINGER, taken pursuant to notice, was
held at Abington Hospital, 1200 Old York
Road, Abington, Pennsylvania, commencing
at 10:10 a.m., on the above date, before
Amy M. Murphy, a Professional Court
Reporter and Notary Public there being
present.

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1 Q. Because they were kind of an
2 unusual --

3 A. Yes.

4 Q. Diet.

5 And again, it feels like a
6 conversation. Try not to talk when I'm
7 talking and I'll try to do the same. We
8 both fall into it.

9 A. Okay.

10 Q. You said you remembered he
11 was in distress, you said. What do you
12 remember about that?

13 A. I remember him being in a
14 lot of pain.

15 Q. Do you remember where his
16 pain was?

17 A. He told me it was abdominal.

18 Q. Do you remember anything
19 else -- and we're going to look at what
20 you wrote down in a moment, but do you
21 remember anything else from that
22 interaction other than he had some
23 unusual things he had eaten recently and
24 that he was in significant distress?

1 form. You can answer. Go ahead.

2 THE WITNESS: Not

3 necessarily.

4 BY MR. AUSSPRUNG:

5 Q. Who else would be entering
6 something that would be documented by a
7 time and the initials "LS"?

8 A. Can you tell me specifically
9 where you're --

10 Q. Well, one of the things that
11 you did not mention to me was the
12 complaint. See where it says
13 "complaint"?

14 A. Yes.

15 Q. And then after that it says
16 "chest pain", and then it says in
17 parenthesis, Wednesday, February 22nd,
18 2012, 11:45, LS. Do you see where it
19 says that?

20 A. Yes.

21 Q. Is that you or is that
22 somebody else?

23 A. I did not document that.

24 Q. Who documented that?

Page 24

1 A. That would have been
2 documented when he initially came in at
3 the time of greet by someone other than
4 me.

5 Q. Do you know who that person
6 was?

7 A. I don't know who the person
8 was.

9 Q. If you go to the end of the
10 last page of this chart, there's a key
11 that lists a variety of people and their
12 initials. Do you see that?

13 A. Yes.

14 Q. Is it someone on that list
15 who documented that complaint?

16 A. I don't believe so.

17 Q. Do you have any
18 understanding as to how the computer
19 knows what initials to place after an
20 entry?

21 A. I don't know how the systems
22 work.

23 Q. Do you sign into the system
24 using a specific code that identifies

1 you?

2 A. I do.

3 Q. So, does somebody else at
4 Abington Hospital have the authority to
5 sign in under your code?

6 A. No.

7 Q. So, can you explain to me
8 how it is that your initials appear next
9 to something that you didn't document?

10 A. The initial complaint gets
11 documented in Star, which is a different
12 system, and then it repopulates into
13 pulse check, and that's how my initials
14 got attached to it.

15 Q. Do you repopulate it?

16 A. No. It does it
17 automatically.

18 Q. Well then why doesn't it put
19 the initials of the person that created
20 that field? Why does it put your
21 initials?

22 A. At that time, it put the
23 initials of, I'm assuming, the registered
24 nurse that does the triage.

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1 Q. Do you know who the
2 registered -- that was you that day;
3 correct?

4 A. Yes.

5 Q. The person who it's your
6 understanding who wrote the words "chest
7 pain," what was -- you don't know who
8 that person was, the person's name;
9 correct?

10 A. Correct.

11 Q. Tell me again what job that
12 patient had.

13 A. It would be -- well, a
14 clinical assistant is the person that
15 Stars the patient.

16 Q. What does Stars the patient
17 mean?

18 A. Star is another system where
19 when the patient comes in, they either
20 use their Social Security number or their
21 first name and last name, and they put it
22 into the Star system and it will pick out
23 if the patient was here before. They
24 confirm that that patient's correct, they

1 enter the complaint, they press "enter"
2 and then that gets repopulated somehow
3 into pulse check.

4 Q. That person is not a nurse
5 or a physician; correct?

6 A. Correct.

7 Q. That person is like a clerk
8 or a nurse's aid?

9 A. A nurse's aid, clinical
10 associate.

11 Q. That's the name for a
12 nurse's aid, clinical associate?

13 A. Yes.

14 Q. This clinical associate, are
15 they, like, sitting at the front desk,
16 are they the person that greets the
17 patient when they walk into the emergency
18 department?

19 A. At the time when
20 Mr. Strimber came in, yes, they were.

21 Q. And how does that clinical
22 associate know what to place as the
23 complaint?

24 MS. TERESHKO: I'm going to

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1 in with multiple complaints.

2 BY MR. AUSSPRUNG:

3 Q. I mean, is the instruction
4 to put down everything the patient
5 complains of in the complaint spot?

6 A. The chief complaint is
7 supposed to be one or two words as to why
8 the patient's here. It's something very
9 brief just to get them through the door.
10 The actual assessment that I performed is
11 why the patient is telling me that he's
12 here.

13 Q. So, would it be fair to say
14 that the patient said I stubbed my toe
15 and I now have chest pain, that chest
16 pain would be placed in that block?

17 MS. TERESHKO: Well,
18 objection. Calls for speculation.

19 BY MR. AUSSPRUNG:

20 Q. You can answer if you
21 understand.

22 A. I don't know. It would
23 depend on the situation.

24 Q. Well, I think I just gave

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1 Q. Could you list all the
2 clinical factors that went into that
3 determination of his ESI level that you
4 used?

5 A. The patient stated to me
6 that he felt like his abdomen was going
7 to explode, he had multiple complaints.
8 I can recall that he was in a lot of pain
9 and very uncomfortable at triage. So,
10 that would influence my decision making.

11 Q. Okay. In the HPI, that's
12 something that's written by the
13 physician; correct? SF is Dr. Fisher?

14 A. Yes.

15 Q. There's a description that
16 pain began in his epigastrium and then
17 slammed up into his jaw. Did you ever
18 get any kind of description as the pain
19 moving up his body?

20 A. I can only tell you what I
21 wrote in my assessment. I don't recall.
22 I mean, I wrote that he had complaint,
23 legs vibrating and he felt like his
24 abdomen was going to explode, and he

1 specifically denied chest pain to me.

2 Q. But he did have, as you
3 describe, epigastric pain?

4 MS. TERESHKO: She didn't
5 use the word epigastric.

6 BY MR. AUSSPRUNG:

7 Q. Where was the location of
8 Mr. Strimber's pain based upon everything
9 you know and the medical record that you
10 documented?

11 MR. GOEBEL: At the time of
12 her assessment?

13 MR. AUSSPRUNG: Correct.

14 THE WITNESS: In his
15 abdomen.

16 BY MR. AUSSPRUNG:

17 Q. Okay. That's a fairly
18 diffuse area. Can you be more specific?

19 A. I can't be more specific
20 other than what I wrote, that it was in
21 his abdomen and that he said it was not
22 in his chest.

23 Q. Do you have any knowledge or
24 information as to whether or not the pain